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34313 7590 03/17/2004

ORRICK, HERRINGTON & SUTCLIFFE LLP  
4 PARK PLAZA  
SUITE 1600  
IRVINE, CA 92614-2558



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Lynne Fulmer	(Depositor's name)
<i>Lynne Fulmer</i>	(Signature)
April 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/738,431	12/14/2000	Richard S. Ginn	258/2999	1012

TITLE OF INVENTION: DEVICES FOR SEALING OPENINGS THROUGH TISSUE AND APPARATUS AND METHODS FOR DELIVERING THEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <input checked="" type="checkbox"/>	\$665 <input checked="" type="checkbox"/>	\$300 <input checked="" type="checkbox"/>	\$965 <input checked="" type="checkbox"/>	06/17/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NERBUN, PETER P	3765	606-213000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Orrick, Herrington & Sutcliffe LLP

2. James W. Geriak

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Core Medical, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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*April 23, 2004*

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01 FC:2501	665.00 DA
02 FC:1504	300.00 DA
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